

Parish Name: _____ Prot. No. _____

Address: _____
 Street/P.O. Box _____ City/State/Zip _____

Diocese of Little Rock – Status of Documents

(Complete and send to Chancery Office)	Groom	Bride
Names of Parties:	_____ (First, Middle & Last Name)	_____ (Maiden Name: First, Middle & Last Name)
Son/Daughter of:	_____ (Father – First, Middle & Last Name)	_____ (Father – First, Middle & Last Name)
	_____ (Mother – Maiden Name: First, Middle & Last)	_____ (Mother – Maiden Name: First, Middle & Last)
Parties' Dates of Birth:	_____	_____
Domiciles of Parties:	_____ City and State	_____ City and State

Date of Wedding: _____ Officiant at Wedding _____
 Place of Wedding: _____

 Name and Address of Church

Convalidation: Yes No Date of Civil Union: _____

Baptismal/Profession of Faith (PoF) Information

Date of Baptism/PoF:	_____	_____
Name of Catholic Parish:	_____	_____
Address of Catholic Parish:	_____	_____
	Street/PO Box	Street/PO Box
<i>N.B. Enter name and address of Catholic parish only</i>	_____	_____
	City, State and Zip	City, State and Zip

Proof of Intention and Freedom to Marry

(Please check appropriate response for each of the following items)	Groom			Bride			
	Pre-Nuptial Investigation	Yes	No	N/A	Yes	No	N/A
	Baptismal Certificate/Profession of Faith (issued within past 6 months) with marriage notations	Yes	No	N/A	Yes	No	N/A
	Freedom to Marry Form (Marriage Form 5)	Yes	No	N/A	Yes	No	N/A
	Consultation with Parent (Marriage Form 6)	Yes	No	N/A	Yes	No	N/A
	Previous Nullity Declaration(s)	Yes	No	N/A	Yes	No	N/A
	If yes, Protocol number for each nullity declaration	# _____			# _____		
	Proof of Death of Former Spouse(s)	Yes	No	N/A	Yes	No	N/A
	Promises of Catholic Party	Yes	No	N/A	Yes	No	N/A

Delegation

Diocesan, religious, and extern priests assigned to ministry in the Diocese of Little Rock possess general delegation to officiate at marriages within the diocese; deacons possess delegation only within their parishes of assignment. **All others need delegation.** Delegation is hereby given to above named clergy to officiate at the marriage of this couple.

Date: _____

 Pastor

(OVER)

Request for Dispensations (check all that apply):

- No Dispensation Required
- The following dispensation(s) is/are requested:
- Disparity of Cult – to marry a non-baptized person
 - Disparity of Cult for Caution and Permission for Mixed Religion – to marry a baptized non-Catholic Christian (marriage of mixed religion)
 - Reason for requesting dispensation for Disparity of Cult or Disparity of Cult for Caution:
 - Spiritual welfare of the faithful
 - Well-founded hope that the non-Catholic will enter full communion with the Church
 - Danger of attempted invalid marriage
 - Convalidation
 - Other (specify): _____
 - Canonical Form
 - Reason for requesting dispensation from Canonical Form
 - To achieve family harmony or to avoid family alienation
 - To obtain parental agreement to the marriage
 - To recognize significant relationship/friendship to non-Catholic minister
 - To permit marriage in a church of particular importance to the non-Catholic party
 - Other (specify): _____
 - Other dispensation (specify): _____
 - Reason for requesting dispensation: _____

Request for Permissions (check all that apply)

- No Permission Required
- The following permissions(s) is/are requested:
- Marriage of Mixed Religion: **Request Dispensation of Disparity of Cult for Caution above.**
 - Marriage of a lapsed Catholic or a Catholic who has notoriously rejected the Faith
 - Marriage in a Church other than a Catholic Church (Catholic minister to receive vows from couple)
 - Marriage of couple, one or both of whom are younger than 18. (**Attach completed Marriage Form 4 and Marriage Form 6**)
 - Other (Specify): _____
 - Reason for requesting permission
 - Spiritual welfare of the faithful
 - Other (specify): _____

Testimony of Pastoral Minister:

“I verify that this couple has completed all the canonical and diocesan requirements necessary for marriage in the Diocese of Little Rock, that all the necessary forms have been completed, and that they have been filed in the Parish Archives. I further certify that all necessary permissions and dispensations required for this marriage or convalidation have been requested of the proper authorities.”

Date: _____
(Parish Seal)

Priest, Deacon or Pastoral Minister

For Chancery use ONLY

Grant of Dispensation/Permission:

Date: _____

Chancellor/Vice Chancellor

(Chancery Seal)

NIHIL OBSTAT:

Date: _____

Chancellor/Vice Chancellor